

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM P-75)						SERIAL NO.	FILING DATE	
						10	531496	
						APPLICANTS		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	
2		/					52	
3	/						53	
4		/					54	
5		/					55	
6		/					56	
7		/					57	
8		/					58	
9	/						59	
10		/					60	
11	/						61	
12		/					62	
13	/						63	
14		/					64	
15	/						65	
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17	/						67	
18	/						68	
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20	/						70	
21							71	
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41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	4	↓	↓	↓	↓	↓	TOTAL IND.	↓
TOTAL DEP.	6	←	←	←	←	←	TOTAL DEP.	←
TOTAL CLAIMS	20						TOTAL CLAIMS	

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